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TO: Commissioner for Patents
FROM: Jay G. Kolman, Esq. DATE: January 27, 2005
RE: SN 10/051,220 Response to Advisory Action

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RECIPIENT'S FACSIMILE NUMBER: 703-872-9306

MESSAGE/COMMENTS:

Re: SN 10/051,220, filed 01/18/02
Transmittal of Response to Advisory Action

PTO/SB/Z1 (09-04)


Approved for use through 07/31/2006. OMB 0651-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/051,220	
	Filing Date	01/18/2002	
	First Named Inventor	KANIOS, et al.	
	Art Unit	3728	
	Examiner Name	Jimmy G. Foster	
Total Number of Pages in This Submission	6	Attorney Docket Number	NOPH/120/JGK


ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Noven Pharmaceuticals, Inc.		
Signature			
Printed name	Jay G. Kolman		
Date	01/27/2005	Reg. No.	43,727

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Jay G. Kolman	Date	01/27/2005

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JAN 27 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent application of

Atty. Ref: NOPH/120/JGK

David KANIOS, et al.

Group Art Unit: 3728

Serial No.: 10/051,220

Examiner: Jimmy G. Foster

Filed: January 18, 2002

For: **PACKAGING SYSTEM FOR TRANSDERMAL
DRUG DELIVERY SYSTEMS**

RESPONSE TO ADVISORY ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This communication is responsive to the Advisory Action mailed January 21, 2005 in the above-identified application.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.